State of New Jersey
Department of Health and Senior Services
Office of Emergency Medical Services

EMS COMMUNICATIONS PLAN
JEMS – 4TH EDITION

Created January 1980
Revised March 2006

I. INTRODUCTION

Communications in Emergency Medical Services (EMS) has been aptlycompared with the nervous system in higher organisms. Through the communications system, messages of varying complexity are transmitted to other components of an EMS System – such as rescue or ambulance services, hospital emergency departments, to effect their responses to emergency situations. During the emergency period, the responses may be augmented or altered in accordance with new information transmitted via the communications systems.

The efficiency of the EMS response is largely dependent on the communication among components in the EMS network. A well planned, integrated communications system, with direct radio, and/or landline access to all components, will provide the most rapid transmittal of messages among components and result in minimal response times.

Communications is important for an EMS system from both a medical and legal standpoint. Acceptable medical practices, and controls in pre-hospital and in emergency department care,are essentially developed by the medical profession. To extend these practices into the field to be performed by allied health personnel necessitates medical supervision especially for advanced pre-hospital techniques. This can be accomplished by either wire or wireless communications.

EMS in New Jersey is presently provided with a communication system utilizing VHF high band (155 MHz.) to dispatch ambulances and to connect the hospital bound Emergency Room with Emergency Medical Technician (EMT) at the scene. Since May of 1976, an UHF telemetry system has been used by the Mobile Intensive Care Units (MICU's). The decision to send an EKG tracing via telemetry is made by the physician providing on-line care of the specific patient State of New Jersey EMS Communications Plan and in accordance with medical protocols approved by the New Jersey Department of Health and Senior Services. In 1998, the New Jersey State Police in cooperation with the regional communications centers deployed a state wide 800MGz. Interdepartmental radio network. This allowed all regional communication centers to communicate seamlessly across the state.

Finally, this communications plan is designed to the extent possible, considering the limited frequencies available, for the existing and projected EMS needs of the State and for the techniques, which are employed in the field and the emergency department. A key objective of this plan is to provide a communications system that will allow emergency departments to communicate, in the most efficient way possible, with EMS units in the field to provide prompt and timely delivery of medical services, via medical coordination and supervision, in response to human health emergencies. Given the limitations, this EMS communications plan reflects a priority in favor of critical patient situations.

II. EMS IN NEW JERSEY

A. General

The New Jersey Department of Health and Senior Services is the statuary public health agency of New Jersey. The Prehospital health care delivery system of New Jersey is planned, improved and supervised by the Department with the assistance of the New Jersey State First Aid Council and other health agencies. A semi-mountainous area in extreme Northwestern New Jersey is an obstacle to EMS communications. The hills there range in height from 800 to 1800 feet and contain significant levels of iron ore. On the other hand, a more serious barrier to EMS communications in New Jersey is the highly congested nature of its manmade and urbanized environment. New Jersey is a comparatively small state in terms of surface area. It is, however, the most densely populated state in the nation. Nearly two thirds of the state's population live in the Metropolitan New York area while still another sixth is found in close proximity to Philadelphia.

In practical terms, a majority of New Jersey's citizens are actually sandwiched between the tall structures of New York City and Philadelphia. The state's two towering neighbors are a barrier to essential radio traffic. Radio interference between New Jersey and neighboring population centers is a problem. Both New York City and Northern New Jersey suffer serious disruptions in essential broadcasts. Philadelphia and Southern New Jersey have had similar experiences. However, the most serious problems with EMS communications are the daily disruptions and endless interference caused by non-EMS providers, such as school buses, hospital security systems, medical transportation services, etc., which have been authorized by the FCC to share the same scarce frequencies used by the Emergency Medical Services.

Basic Life Support (BLS) is coordinated by many forms of dispatch and control. Many of the BLS squads in New Jersey are dispatched via home alert or portable alert monitors. Often, New Jersey BLS services share dispatchers with fire and police services. EMS communications are tailored and mitigated by the caprices of local custom. Multiple radio frequencies are used to dispatch emergency care vehicles at the local level. Many of New Jersey's EMS providers avail themselves of the state designated frequency JEMS 2 (155.340 MHz) for two-way voice communications between ambulances and hospitals. The beginning of a BLS communications network exists in the state. However, the network simply will not fulfill its assigned role unless all EMS providers cooperate in a systems approach.

A closer ongoing relationship between the delivery of emergency care and a sound foundation for that care through communications is found at the Advanced Life Support (ALS) level in New Jersey. New Jersey ALS units (MICU) often share the same VHF frequencies for dispatch with BLS units but

utilize the UHF MED channels for medical control and coordination. With the amount of users on these channels, it is clear that systemization of EMS Communications in New Jersey is paramount. While this document attemptes to encapsulate current technology, the rapid advancement of other methods of communication may not be addressed.

B. Access

A goal of this plan is to ensure that every citizen of New Jersey be able to obtain emergency care as promptly as possible. National EMS experiencesuggests that coordinated dispatch with enhanced 9-1-1 is the optimum way to deliver emergency services. In 1977, the Attorney General appointed the Statewide Police Emergency Network Task Force to access all New Jersey police telecommunications. The Task Force prepared a report on its findings, which recommenced that: *"It be the policy of the State of New Jersey, in accordance with national policy, to encourage the implementation of 9-1-1 throughout the State"*

In 1986, the Emergency Response System Study Commission of New Jersey found that it was apparent that public access of New Jersey's emergency services was woefully inadequate and that the need for 9-1-1 was obvious. Since that time, 9-1-1 capability has been installed in all 21 counties. 9-1-1 has provided a uniform emergency access number, which can greatly reduce life threatening delays in the delivery of emergency care, as it has done elsewhere throughout the nation. 9-1-1 is a boom to emergency care.

C. Dispatch

Since October 22, 1986, the Special Emergency Radio Service (SERS) frequencies shared by EMS have been coordinated jointly by IMSA (International Municipal Signal Association), IFCA (International Fire Chiefs Association), and NABER (National Association of Business and Educational Radio). The Emergency Medical Radio Service (EMRS) was established to provide stricter access to frequencies. However, with the impending split in frequencies from 25MHz to 12.5MHz, the potential for interference from older equipment may prove to be a significant problem.

Dispatch of both BLS and ALS is currently done on a myriad of frequencies. ALS vehicles carry various radios linked to BLS units in the field. MICU hospitals have UHF and VHF capability and, therefore, exercise a large measure of medical coordination in the field. Hospitals are able to communicate with BLS units through VHF radios on JEMS 2 (155.340 MHz.)

The extension of New Jersey's coordinated dispatch capabilities to new areas will be definite advantage in the statewide movement toward improved emergency care. An expansion of the state's current ALS delivery mechanism

requires improved coordinated dispatch capability. With the advent of the New Jersey State Police radio network being available for command and control, the RCC's have the ability to communicate freely across jurisdictional boundries.

The New Jersey Department of Health and Senior Services supports and encourages training requirements for dispatchers, and for the development and implementation of prearrival instructions to callers of 9-1-1. To this end, a standing committee to the EMS Council was established to review and recommend such requirements.

III. SYSTEM DESCRIPTION

Frequency and Signaling Plan (Statewide) for VHF and UHF The following frequency and signaling plan is utilized to enable all EMS vehicles, dispatch centers, and hospitals to communicate with each other in order to coordinate activities anywhere in the state. This plan also allows out-of-state EMS vehicles and dispatch centers to interface with New Jersey EMS.

A. VHF Radios

Mobile and portable Radios are required on the JEMS systems for all licensed ALS and BLS providers. The four channels are determined as follows:

JEMS 1 – Local Dispatch Primary channel used to communicate to local Dispatch center, regardless of frequency band.

JEMS 2 – 155.340 MHz Ambulance to hospital ER

JEMS 3 – 155.280 MHz Statewide EMS Coordination

JEMS 4 – 153.785 MHz Same as SPEN 4, Statewide mobile public safety coordination (EMS, police, and fire).

EMS agencies licensed by the NJDHSS are required to have an additional channel, which enables the ambulance personnel to contact an approved MICU dispatch center. These frequencies are listed in the ambulance rules (N.J.A.C.8:40, Appendix A). Additional channels may be added to JEMS mobile and portable radios provided that all four JEMS channels are in accordance with the state plan. The JEMS VHF radio system makes use of Dual Tone, Multi-Frequency (DTMF) dialing, continuous tone coded sub-audible squelch (CTCSS)and Digital Coded Squelch for use by radio equipment to selectively call and alert other stations. All conventional radios within this document must have this capability.

Four-digit numbers are assigned for DTMF dialing. Each number is used to call a specific agency or facility within any New Jersey county. DTMF dialing is used to selectively call hospital emergency department on JEMS 2, and also used by mobiles in calling regional dispatch centers on JEMS 3. The DTMF/dial numbers appear on (Table 2). NJDHSS office of EMS will assign DTMF numbers.

JEMS radios must have automatic CTCSS disabled on JEMS 2, 3, & 4. In this fashion, EMS vehicles communicate with their primary dispatch center via CTCSS signaling (on JEMS 1). Communications with other stations are conducted via carrier squelch on JEMS 2, 3 & 4. CTCSS tones are assigned on a county basis. This listing of assigned CTCSS tones appears on Table 3.

B. UHF Radios

In order to provide immediate access to physician medical directions, several UHF frequencies have been reserved for the exclusive purpose of providing on line medical control. New Jersey law requires MICU personnel to contact a physician each time a patient is treated. Mobile Intensive Care Units (MICU) use UHF radio channels in accordance with Part 90 of the FCC Rules and Regulations pertaining to the Emergency Medical Radio Service (EMRS).

The UHF system also used continues tone coded sub-audible squelch; a countywide or a common MICU consortium CTCSS tone is used to call the local MICU hospital. These tones are listed on Table 3.

C. 800 Mhz radio

The statewide 800 trunked network containes various regional talk groups and a state wide talkgroup. Agencies that may operate on this network include; all RCC's, other MICU dispatch points, NJDOHSS, NJSFAC, NJSP and NJTF1.

D. Emergency Medical Helicopter Response Unit

New Jersey's medical helicopters are equipped with multi-frequency radios, which can tune in to any of the JEMS frequencies as well as VHF fire and police frequencies. In addition, the helicopters are equipped with 800 MHz trunking radios. These radios are interfaced with MICU communications matrix's at the University Hospital in Newark and Virtua Health MEDCOM in Voorhees.

In the field, the helicopter medical crew will use portable radios and state police 800 MHz channel trunking system. This system allows the medical

crew to be directly patched to a regional trauma center or other critical care centers from anywhere in the state.

E. Inter-operability

Out-of-state EMS vehicles using DTMF encoder equipped mobiles in the carrier receive mode can communicate with New Jersey hospitals on 155.340 MHz (JEMS 2). These vehicles may also communicated with New Jersey coordinated dispatch centers via DTMF on 155.280 MHz (JEMS 3). This channel may also be used to communicate with EMS vehicles at large. New Jersey EMS vehicles equipped with DTMF encoders on VHF are able to communicated with out-of-state EMS communications systems on 155.340 MHz and/or 155.280 MHz. New Jersey MICU vehicles equipped with multi-CTCSS tone encoders on UHF are able to communicated with neighboring EMS communication centers on the UHF MED channels.

New Jersey EMS agencies are encouraged to affiliate with local Fire/Police emergency management agencies and centralized communication centers to ensure seamless communication.

IV. Minimum Equipment Standards

A. JEMS Base Stations

1. VHF DISPATCH FACILITY

One primary single channel CTCSS (transit & receive) tone-controlled base station operational on JEMS 1 (mandatory for ALS and BLS dispatch agencies). One primary CTCSS (transit & receive) tone-controlled VHF simplex base station operational with local DTMF decode on JEMS 3 (mandatory for ALS centers optional for BLS dispatch centers).

2. REGIONAL ALS COORDINATING CENTER

Ability to transmit on Med. 1 – 10 on appropriate side of paired frequencies and other frequencies as determined by the New Jersey Department of Health and Senior Services. Ability to transmit and receive on JEMS 1, 2, & 3 Time-out Timers on all transmitters (Max. setting to be determined by ALS coordinating centers). Ability to route medical control channels to MICU hospital for medical control.

3. HOSPITAL EMERGENCY DEPARTMENT

It is recommended, emergency departments have a single channel JEMS 2 DTMF carrier squelch mode controlled VHF simplex base station. Time-out Timers on all transmitters set at max. of 90 seconds.

4. MICU MEDICAL COMMAND SITE

Medical command sites shall have the capability to receive and transmit voice communications to the paramedic/MICN at the patients beside. In addition, have the capability to receive ECG transmissions from the field.

B. JEMS RADIOS

1. VHF Mobile

Shall have a minimum of the four JEMS channels . It is recommended that additional capability be utilized so that interoperability between adjacent MICU and EMS agencies. DTMF encoder.Time-out Timer on all transmitters (maximum setting of 60 seconds).

2. VHF Portable

Shall have a minimum of the four JEMS channels . It is recommended that additional capability be utilized so that interoperability between adjacent MICU and EMS agencies. DTMF encoder. Time-out Timer on all transmitters (maximum setting of 60 seconds).

3. PORTABLE MEDICAL COMMAND COMMUNICATIONS

Medical command portable shall have the capability to receive and transmit voice communications to the Medical Command Physician from the patients beside. In addition, the paramedic/MICN shall have the capability to transmit ECG transmissions to medical command. Transmitting voice and data may be done on separate devices.

V. TYPICAL SYSTEM OPERATIONS

1. ACCESS

Public education in cooperation with New Jersey Telecommunications will be used to inform citizens of how and when to request EMS. When the need for EMS arises, a citizen will activate the system by dialing 9-1-1.

2. DISPATCH

Dispatch centers will secure the necessary information, pinpoint the caller's location, via a manual or computer file, and select the appropriate EMS assistance utilizing pre-established medical dispatch protocols. All assistance will be dispatched simultaneously. Depending on the patient's medical need, the EMS assistance may include any of the following:

a) Pre-arrival instruction from a certified Emergency Medical Dispatcher

b) First responders

c) Basic life support and advanced life support

d) Fire department units

e) Rescue/extrication units

f) JEMSTAR- aero-medical program

g) Other public safety and community resources

The dispatch center will advise callers of the appropriate action to take until help arrives and provide pre-arrival instructions. EMS providers will be mobilized via wireless/wire, telephones, and/or radio tones alerting.

3. RESPONSE

Field units utilizing radios, will advise the dispatch center asthey begin their response, arrive at the scene,begin transport to acute care facility, arrival at acute care facility, and as necessary, or request additional assistance, on their assigned frequency. The dispatch center will document all time accordingly. Out-of-state EMS units will be able to communicate with New Jersey EMS dispatch centers and New Jersey EMS units on JEMS 3.Communicating with other public safety agencies will take place on JEMS 4 (153.785 MHz) which is also known by other public safety agencies as SPEN 4. BLS units will dial in to hospitals on JEMS 2 as necessary. (see table 2 for DTMF codes). MED 9, MED 10 and statewide 800 trunked network will be utilized for coordinating communication activities between ALS units and the Regional Coordinating Center (RCC).

The State Office of Emergency Medical Services and the communications committee recognize that EMS communications are forever changing. This plan is intended to guide EMS agencies in the use of technologies, as it becomes available. However, the department and its communications committee are committed to periodic review and revision of this plan as technology changes.

TABLE 1
VHF CHANNELS TO REGIONAL MICU COMMUNICATION CENTERS
(BY COUNTY)

COUNTY	FREQUENCY	CTCSS	AREA
Atlantic	155.175 MHz	118.8	County Wide
Bergen	155.205 MHz. 155.175 MHz.	192.8 100.0	Eastern portion Western portion
Burlington	155.295 MHz.	127.3	County Wide
Camden	155.235 MHz.	192.8	County wide
Cape May	155.295 MHz.	118.8	County wide
Cumberland	155.220 MHz.	179.9	County wide
Essex	155.295 MHz. 155.400 MHz.	100.0 127.3	County except Newark Newark
Gloucester	155.265 MHz.	167.9	County wide
Hudson	155.235 MHz.	146.2	County wide
Hunterdon	155.205 MHz.	146.2	County wide
Hunterdon	155.205 MHz.	192.8	County wide
Mercer	155.265 MHz.	103.5	County wide
Middlesex	155.220 MHz.	103.5	County wide
Monmouth	155.175 MHz.	151.4	County wide
Morris	155.265 MHz.	241.8	County wide
Ocean	155.205 MHz.	186.2	County wide
Passaic	155.220 MHz.	100.0	County wide
Salem	155.295 MHz.	186.2	County wide
Somerset	155.235 Mhz.	*	County wide
Sussex	155.295 MHz.	*	County wide
Union	155.175 MHz.	85.4	County wide
Warren	155.265 MHz.	*	County wide

* **to be determined**

Table 2
JEMS DTMF RADIO DIRECTORY
JEMS 2- HOSPITAL FREQUENCY (155.340 Mhz.)
JEMS 2/3 – COUNTY AND REGIONAL DISPATCH CENTERS
(Note: The numbers in parenthesis denote the hospital codes)

ATLANTIC	
Atlantic City Medical Center – City (5101) 1925 Pacific Ave. Atlantic City, NJ 08401	Atlantic City Medical Center – Mainland (5104) Jimmie Leeds Rd. Pomona, NJ 08240
Shore Memorial Hospital (5102) 1 East New York Ave. Somers Point, NJ 08244	William B Kessler Memorial (5103) 600 S White Horse Pike
BERGEN	
Bergen Regional Medical Center (5201) 230 E Ridgewood Av Paramus, NJ 07652	Englewood Hospital & Medical Center (5202) 350 Engle St Englewood, NJ 07631
Hackensack University Medical Center (5204) 30 Prospect Av Hackensack, NJ 07601	Holy Name Hospital (5205) 718 Teaneck Rd Teaneck, NJ 07666
Pascack Valley Hospital (5206) 250 Old Hook Rd	Valley Hospital (5210) 223 N Van Dien Av Ridgewood, NJ 07450
BURLINGTON	
Lourdes Med. Cntr. - Burlington County (5303) 218-A Sunset Rd Willingboro, NJ 08046	Virtua Memorial Hosptial (5301) 175 Madison Ave. Mt. Holly, NJ 08060
Virtua West Jersey Hospital Marlton (5302) 90 Brick Road Marlton, NJ 08053	
CAMDEN	
Cooper University Hospital (5402) 1 Cooper Plaza Camden, NJ 08103	Kennedy Memorial Hospital - Cherry Hill (5401) 2201 Chapel Av West Cherry Hill, NJ 08002
Kennedy Memorial Hospital – Stratford (5403) 18 E Laurel Rd Stratford, NJ 08084	Our Lady of Lourdes Medical Center (5404) 1600 Haddon Av Camden, NJ 08103
CAPE MAY	***CUMBERLAND***
Burdette Tomlin Memorial Hospital (5501) 2 Stone Harbor Blvd Cape May Court House, NJ 08210	SJH Regional Medical Center (5603) 1505 W Sherman Av. Vineland, NJ 08360

ESSEX			
Clara Maass Medical Center 1 Clara Maass Dr. Belleville, NJ 07109	(5701)	Columbus Hospital 495 N 13th Street Newark, NJ 07107	(5702)
East Orange General Hospital 300 Central Ave. East Orange, NJ 07018	(5702)	Mountainside Hospital 1 Bay Ave. Montclair, NJ 07042	(5709)
Newark Beth Israel Medical Center 201 Lyons Ave. Newark, NJ 07112	(5710)	St. Barnabas Medical Center 94 Old Short Hills Rd. Livingston, NJ 07039	(5710)
St. James Hospital 155 Jefferson St. Newark, NJ 07105	(5712)	St. Michael's Medical Center 268 Dr. Martin Luther King Jr. Blvd. Newark, NJ 07102	(5714)
UMDNJ – University Hospital 150 Bergen St. Newark, NJ 07103	(5707)		
GLOUCESTER			
Kennedy Memorial Hosp. – Washington 435 Hurffville-Cross Keys Road Turnersville, NJ 08012	(5802)	Underwood Memorial Hospital 509 N. Broad St. Woodbury, NJ 08096	(5801)
HUDSON			
Bayonne Medical Center 29 E. 29th St. Bayonne, NJ 07002	(5901)	Christ Hospital 176 Palisade Ave. Jersey City, NJ 07306	(5902)
Greenville Hospital 1825 John F. kennedy Blvd. Jersey City, NJ 07305	(5903)	Jersey City Medical Center 50 Bladwin Ave. Jersey City, NJ 07304	(5905)
Meadowlands Medical Center 55 Meadowlands Parkway Secaucus, NJ 07094	(5907)	Palisades Medical Center 7600 River Rd. North Bergen, NJ 07047	(5911)
St. Mary Hospital – Hoboken 308 Willow Ave. Hoboken, NJ 07030	(5909)		
HUNTERDON			
Hunterdon Medical Center 2100 Westcott Dr. Flemington, NJ 08822	(6001)		
MERCER			
Capital Health System – Fuld 750 Brunswick Ave. Trenton, NJ 08638	(6103)	Capital Health System – Mercer 446 Bellevue Ave. Trenton, NJ 08618	(6104)
Robert Wood Johnson at Hamilton 1 Hamilton Health Pl. Hamilton Square, NJ 08690	(6102)	St. Francis Medical Center 601 Hamilton Ave. Trenton, NJ 08629	(6106)
University Medical Center at Princeton 253 Witherspoon St. Princeton, NJ 08540	(6105)		

MIDDLESEX	
JFK Medical Center (6201) 65 James St. Edison, NJ 08820	Raritan Bay Medical Center-Old Bridge (6206) 1 Hospital Plaza Old Bridge, NJ 08857
Raritan Bay Med. Cntr – Perth Amboy (6205) 530 New Brunswick Ave. Perth Amboy, NJ 08861	Robert Wood Johnson University Hosp. (6202) 1 Robert Wood Johnson Place New Brunswick, NJ 08901
St. Peter's University Hospital (6204) 254 Easton Ave. New Brunswick, NJ 08901	
MONMOUTH	
Bayshore Community Hospital (6301) 727 N. Beers St. Holmdel, NJ 07733	CentraState Medical Center (6302) 901 West Main St. Freehold, NJ 07728
Jersey Shore University Medical Center (6303) 1945 State Route 33 West Neptune, NJ 07753	Monmouth Medical Center (6304) 300 Second Ave. Long Branch, NJ 07740
Riverview Medical Center (6305) 1 Riverview Plaza Red Bank, NJ 07701	
MORRIS	
Chilton Memorial Hospital (6401) 97 West Parkway Pompton Plains, NJ 07444	Morristown Memorial Hospital (6404) 100 Madison Ave. Morristown, NJ 07960
St. Clare's Hospital – Denville (6406) 25 North Pocono Rd. Denville, NJ 07834	St. Clare's Hospital – Dover (6403) 400 West Blackwell St. Dover, NJ 07801
OCEAN	
Community Medical Center (6501) 99 State Route 37 West Toms River, NJ 08755	Kimball Medical Center (6502) 600 River Ave. Lakewood, NJ 08701
Ocean Medical Center (6505) 425 Jack Martin Blvd. Brick, NJ 08724	Southern Ocean County Hospital (6504) 1140 West Bay Ave. Manahawkin, NJ 08050
PASSAIC	
Barnert Hospital (6601) 680 Broadway Ave. Paterson, NJ 07514	PBI Regional Medical Center (6602) 350 Boulevard Passaic, NJ 07055
St. Joseph's Regional Medical Center (6605) 703 Main St. Paterson, NJ 07503	St. Joseph's Wayne Hospital (6603) 224 Hamburg Turnpike Wayne, NJ 07470
St. Mary's Hospital – Passaic (6606)	
SALEM	
SJH Elmer Hospital (6701) 2 West front St. Elmer, NJ 08318	The Memorial Hospital of Salem County (6702) 310 Woodstown Rd. Salem, NJ 08079

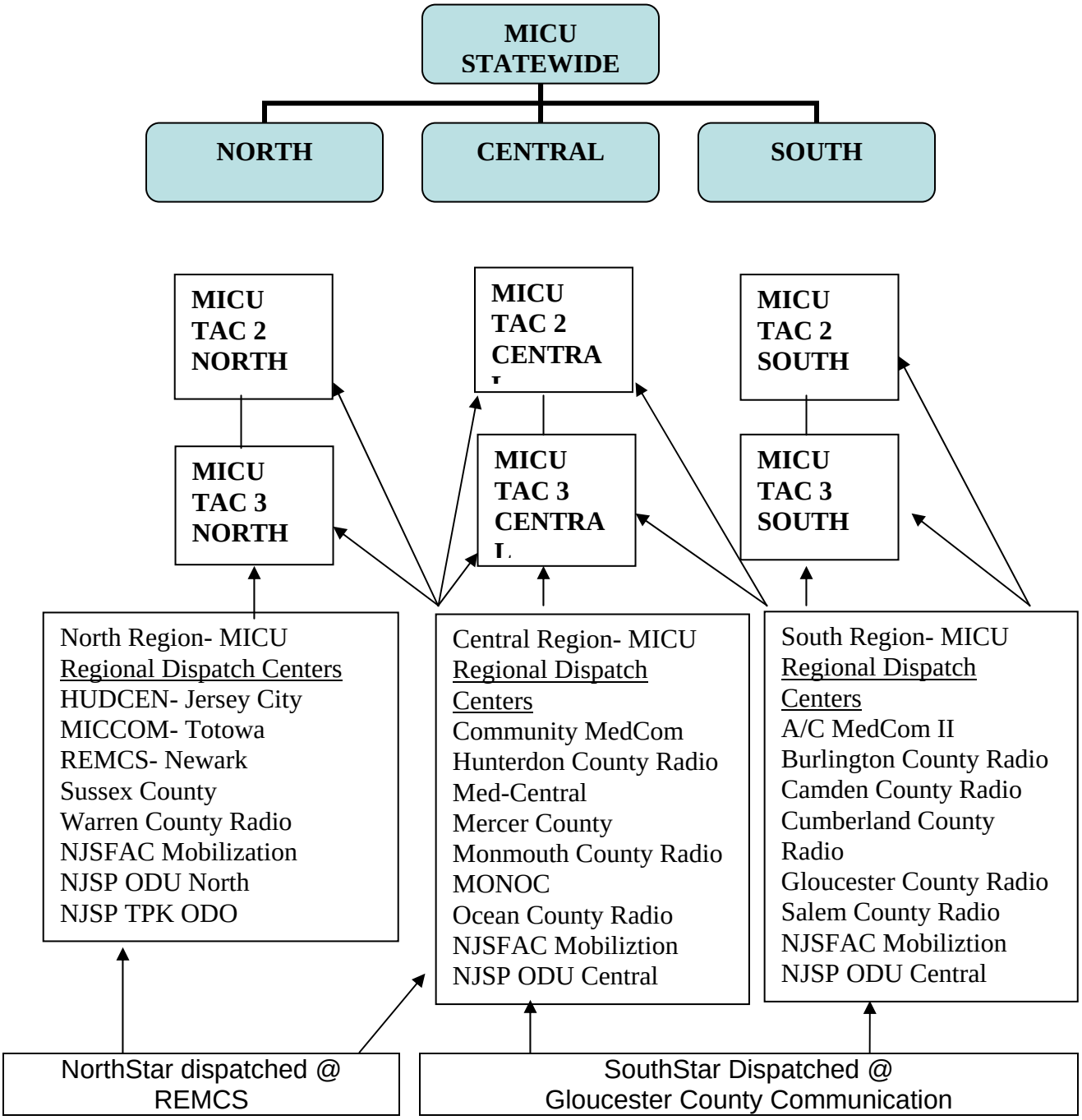
SOMERSET			
Somerset Medical Center 110 Rehill Ave. Somerville, NJ 08876	(6802)		
SUSSEX			
Newton Memorial Hospital 175 High St. Newton, NJ 07860	(6903)	St. Clare's Hospital – Sussex 20 Walnut St. Sussex, NJ 07461	(6902)
UNION			
Muhlenberg Regional Medical Center 1200 Randolph Rd. Plainfield, NJ 07060	(7004)	Overlook Hospital 99 Beauvoir Ave. Summit, NJ 07901	(7005)
Robert Wood Johnson at Rahway 865 Stone St. Rahway, NJ 07065	(7006)	Trinitas Hospital 225 Williamson St. Elizabeth, NJ 07202	(7007)
Union Hospital 1000 Galloping Hill Union, NJ 07083	(7003)		
WARREN			
Hackettstown Community Hospital 651 Willow Grove Hackettstown, NJ 07840	(7101)	Warren Hospital 185 Roseberry St. Phillipsburg, NJ 08865	(7102)

TABLE 3

CTCSS ASSIGNMENTS
(BY COUNTY)

COUNTY	STATEWIDE	LOCAL
Atlantic	141.3	156.7
Bergen	141.3	192.8
Burlington	141.3	167.9
Camden	141.3	162.2
Cape May	141.3	179.9
Cumberland	141.3	206.5
Essex	141.3	203.5
Gloucester	141.3	173.8
Hudson	141.3	146.2
Hunterdon	141.3	156.7
Mercer	141.3	151.4
Middlesex	141.3	186.2
Monmouth	141.3	179.9
Morris	141.3	162.2
Ocean	141.3	210.7
Passaic	141.3	210.7
Salem	141.3	186.2
Somerset	141.3	206.5
Sussex	141.3	167.9
Union	141.3	179.9
Warren	141.3	179.9

State of New Jersey Emergency Medical Service
MICU Communication System
State Police Trunked Network



UMDNJ REMCS will act as the lead agency, responsible for interaction with the New Jersey State Police Radio Maintenance Unit. All billing for each unit usage will be sent by the NJSP to REMCS who in turn will create an invoice for each user agency.

The system operates on the New Jersey State Police 800Mhz. radio network utilizing type II trunked radios. The purchase of and the maintenance for the radios is the users responsibility. All programming will be arranged by REMCS.

Each agency may have a base control station and 1 portable. Requests for additional units will be reviewed by REMCS (ie. Mobile field com is appropriate).